

The meaning to be old and living in a nursing home

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RESEARCH

The meaningto beoldandlivingin anursing home

O significado de ser idoso e conviver em uma instituição asilar

El significado de ser edad y vive en un hogar de ancianos

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ABSTRACT

Objective To understand the meaning of being old and living in a asylum institution, know the reasons that led to the institutionalization elderly and analyze what is for the elderly live in a nursing home. **Method:** This was a descriptive qualitative study with 19 elderly residents in a nursing home located in Teresina-Pi. Data were generated through semi-structured interviews and analyzed based on the content of participants' speech. **Results:** The results indicated four categories: life experience, need for care,the host of the asylum institution and being abandoned by the family. For the elderly, living in a asylum institution is receiving technical care and hosting, because the elderly are looking for, most often, these institutions for the treatment of any disease and also be received with affection and respect. **Conclusion:** The life of the elderly in the asylum institution is satisfactory, most likes to live in this environment because they are well looked after by the professional staff and volunteers. Feel welcomed with affection, respect, patience and attention. **Descriptors:** Elderly, Aging, Asylum.

RESUMO

Objetivo: Compreender o significado de ser idoso e conviver em uma instituição asilar, conhecer os motivos que levaram os idosos ao asilamento e analisar o que representa para o idoso conviver em uma instituição asilar. **Método:** Trata-se um estudo descritivo de abordagem qualitativa com 19 idosos residentes em uma instituição asilar localizada em Teresina-Pi. Os dados foram produzidos através de entrevistas semi-estruturadas e analisadas com base no conteúdo das falas dos participantes. **Resultado:** Os resultados apontaram quatro categorias: experiência de vida; necessidade do cuidado; acolhimento da instituição asilar e ser abandonado pela família. Para os idosos, conviver em uma instituição asilar é receber o cuidado técnico e o acolhimento, pois os idosos procuram, na maioria das vezes, estas instituições para tratamento de alguma doença e também por serem recebidos com afetividade e respeito. **Conclusão:** A vida dos idosos na instituição asilar é satisfatória, a maioria gosta de morar neste ambiente, por serem bem cuidados pela equipe multiprofissional e voluntários. Sentem-se acolhidos com carinho, respeito, paciência e atenção. **Descritores:** Idoso, Envelhecimento, Asilo.

RESUMEN

Objetivo: Compreender el significado de ser de edad ,viver em um asilo de ancianos, conocer las razones que llevaron a la institucionalización del anciano y analizar el significado de viver para los ancianos en un hogar de ancianos. **Método:** estudio cualitativo descriptivo, con 19 ancianos residentes en un hogar de ancianos ubicado en Teresina -Pi . Los datos se generan a través de semi - estructurada y analizados en base al contenido de las entrevistas del habla de los participantes. **Resultados:** Los resultados mostraron cuatro categorías: experiencia de la vida , necesidad de cuidados , enfermería a domicilio y la acogida de ser abandonado por la familia. Para las personas mayores , viver en un hogar de ancianos es estar recibiendo la atención técnica y atención pues los ancianos , con mayor frecuencia , procuran estas instituciones para el tratamiento de cualquier enfermedad y también por seren recibidos con afecto y respeto. **Conclusión:** La vida de los ancianos en el asilo de ancianos es satisfactoria , la mayoría les gusta vivir en este entorno , ya que están bien atendidos por el personal profesional y voluntarios. Siéntase acogido con afecto, respeto, paciencia y atención. **Descriptores:** Ancianos, Envejecimiento, Asilo.

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INTRODUCTION

In Brazil it has been observed in recent decades a technological breakthrough in health, an improved quality of life and a reduction in mortality and birth, it is providing an increase in life expectancy, requiring, consequently an adaptation to this new reality, this new population model.

Ageing of the population is a worldwide phenomenon and the World Health Organization (WHO) assumes that in 2025 there will be 1.2 billion people aged 60 years or more. In Brazil, it is estimated that there will be about 34 million seniors in 2025, occupying the 6th position among countries with older people in the world. Today there is a quota of 19 million, equivalent to 10.2% of the population. Piauí are 289,210 elderly people aged 60 or more equivalent to 9.9% of the state population (IBGE, 2004). Teresina is made up of four nursing homes, with the quantity of 179 institutionalized elderly.²

The Statute of the elderly in its Article 2 is considered elderly person with equal or greater age of 60. In its Article 3 aging is a process that concerns the whole population may be the object of interest to any society and it is role fo the family, the society and the state fulfill duties as a right of citizenship, dignity, well-being, ensuring participation in community and the right to life. In this perspective, the National Policy for the Elderly (NPE) guarantees social rights of the elderly providing conditions to promote their autonomy and greater integration in society.³

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Despite a policy of care for the elderly, the same is considered an outcast, especially of the work, due to loss of functional capacity caused by natural aging, being noticed since ancient times as an opposite degenerative process to any progress or development ending with an label of old as being less able.⁴

Currently there is a concern with the elderly in various areas, as it constitutes a distinct group among themselves and in relation to other age groups. Thus, with increase in the elderly population in the country lies a greater interest in public institutions, social policy and society in general regarding the elderly.⁵

It is necessary to adapt services to meet the demand of the elderly population which is at risk of losing their independence due to aging itself and the chronic degenerative diseases that will require care for other people.⁶

The elderly have special characteristics in their social structure, placing them as subjects and agents of health to open spaces and live new experiences. As age advances occur physical, mental and social changes which arouses feelings of helplessness. Old age can leave the elderly helpless, frail to make decisions and face problems of everyday life, not only family but also against the society and the whole. So the elderly can be seen as an unproductive person, outdated and little has been done to change this scenario, are often not welcomed by family being forced to dwell in nursing homes.⁵

With the natural population aging there is a tendency of losing their family and their total dependence on routine activities, it has been culminating on their release in the

Silva MV, Silva ES, Alencar GCA *et al.* asylum institution. The institutionalized elderly is seen abandoned, excluded from the family, losing contact with it, leaving him to adapt to the new reality as it is without the support of family and friends.⁷

These institutions are generally in a regime of boarding houses that favor the isolation of the elderly, being unfit and unsuitable to their needs, such as social assistance, basic hygiene and nutrition as well as difficulties in interpersonal relationships in a community context with consequences both as life and the construction of citizenship.⁵

However, the Decree n.º. 1948 July 3, 1996 states, in its Article 3 that the asylum institution aims to serve as interns the elderly abandoned by family or without financial means to provide the care itself, so come and satisfy the need for housing, food, health and social coexistence.⁹ The Law 8,842 in January 1994 the NBP, in Article 4, paragraph III the care for the elderly should be by the family rather than asylum, however due to various demographic, social and health factors lead to increased demand for institutionalization.¹

Most seniors needs specific care in institutions, especially those totally dependent, those who have financial difficulties and who have no family to support with their care. Thus the demand for asylums becomes the only solution.⁶

One of the major reasons that lead to permanent hospitalization in elderly asylum institution, is due to the modern family, that is, where all members remain outside their homes for a good part of the time, except the elderly. These are alone in their homes, propitious to accidents, sometimes depression and anxiety. Accordingly, the search for an

The meaning to be old and living in... asylum institution will meet the needs not so much for these seniors, but mostly for family members who say they have enough time to give proper care to older.⁸

In this environment the elderly lose their identity, their self-esteem and does not know how to occupy their time. This makes them bitter, sad and depressed, abandoned by those who were cared for them and now refuse to care of them.

It is noteworthy also that many of these asylums are not physically suited for socializing several elderly as poor quality lighting, reduced spaces, inadequate ventilation, slippery floors, stairs presence, among others. It is still observed the lack of spaces for physical activities or sunbathing, recreation. These are essential for a good quality of life, improve self-esteem and also provides a good living and a sociable relationship between the internees.

The institutionalization for some elderly translates as a sign of isolation, pain and sorrow, as they believe that suffering will only pass with their death. The institutionalized elderly lose their individuality, for all their time, all their activities are determined by the rules and regulations of the institution, the routine is always the same, many die of grief and depression. It is important to remember that, although small in quantity, there are charities serious and competent with a dignified and humane asylum seekers to their care.

Given the above, the objective of the study: To understand the meaning of being old and living in a asylum institution; To know the reasons that led to the institutionalization

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elderly; Analyze what is for the elderly live in
a asylum institution.

METHODOLOGY

This is a descriptive qualitative study. The qualitative approach can be characterized as an attempt to detailed understanding of the meanings and situational characteristics presented by the interviewees.

The study was conducted in an asylum institution in Teresina-PI, this serves the elderly from 60 years of age, being 33 elderly males and 22 females. In this asylum operates a multidisciplinary team with doctors, nurses, nursing technicians, speech therapists, nutritionists, dentists, physiotherapists, social worker.

Participated 19 seniors from 60 years of age residing in a asylum institution in the municipality of Teresina-PI. The elderly without dementia were included, residents in the institution for six months due to this period the elderly presents adapted to the search parameters. The elderly participants in this study reside at this institution an average of six months to ten years.

Data collection occurred from July to September 2008, through a semi-structured interview script, focused with the understanding that this is the tool for collecting more variable needs of the study. This type of interview discusses the proposed theme freely, exploring points of interest throughout the interview, providing greater enrichment research. The interviews were recorded and transcribed for analysis and interpretation. When using a tape recorder for

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the interview prevents important to the research information is lost.

The study was approved by the Institution of asylum city of Teresina-Pi, and approved by the Ethics and Research NOVAFAP under CAAE No 0110.0.043.000-08 on August 1, 2008.

RESULTS AND DISCUSSION

Most respondents showed that being old was having life experience. Many reported the need for caution, some specific treatments needed, on the other hand they felt welcomed, as they were abandoned by their own families.

Life experience

According to reports, the elder is the nearest source of any human wisdom, with their extensive life experience of professional, social, psychological, behavioral enables more young people with opportunities to share knowledge with a high level of information quality. As we see in the following statements.

[...] We had a lot to learn, but we also have much to teach those who do not know [...]. (Interviewee 08).

[...] I've lived a lot, thank God, acquire a lot of experience in this life, hard work and suffering [...]. (Interviewee 10).

[...] Gained experience because I have done everything I didn't only stealing but the rest I have done everything I

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was driver, danced forró, wino, flirtatious [...].
(Interviewee 13).

[...] For me, being elderly is very important and has a lot of value, and means that I have lived a lot and I have experience and I ask the heavenly Father to give me twice my age I live more and more power and transmit my knowledge to the younger [...].
(Interviewee 14).

By analyzing the testimonies of interviewees perceived that the experience was gained over their lives, going through many difficult moments, in which the younger had no opportunity to live up to the time they have lived, possibly sharing information about your experience when prompted with great enthusiasm.

Old age is assigned to the bonus experience and wisdom, for many people that this is where we return to childhood, but with the knowledge we have to cope with illness, physical deterioration and prejudice imposed by society.⁴

Since ancient times it was realized that in societies such as Egypt, the Middle East, Israel, India, China, Japan, the old were valued because they were seen as having a wisdom and this helped with the newest in its activities by providing knowledge acquired throughout life. It is noteworthy that at the time of Ancient Rome, the most important institution of power was the Senate, the seniors were valued for their experience and prestigious as wise.¹⁴

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However, formerly knowing and accumulated knowledge, life experience, were the greatest wealth of the elderly placing it in a prominent position in society. Currently knowledge is privilege of the young leaving the elderly in the margins of society losing their social status. How can we describe in the sections that follow.

[...] When are young so everything is good, we go studying, working, goes walking and when gets old quits to travel, work is useless [...]. (Interviewee 16).

[...] I think I'm already old, and 60 years for it's really elder, being elderly is too old, already sick, does not take care of himself [...]. (Interviewee 12).

In a globalized society is the great value attached to the youth. Thus, old age is extremely undervalued. The loss of youth, physical abilities, working capacity, shall be addressed as a problem. Opposed to this, in capitalist society, sells the image that regardless of age can maintain youth and competitive activity.¹⁴

It further states, on the other hand that being old is not the opposite of being young. Aging is just moving into a new stage of life, which must be lived in the most positive, healthy and happy as possible.

It is important to understand the elderly, not judging them as an object but as a source of understanding experiences. And it is this life experience that the elderly may be passing for younger and inexperienced. Despite being old and worn the human being exists and continues to exist with much to contribute to our growth.¹⁵

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Even though some people still think that the elderly are an "old" is not it is a human being who needs special care, not only of the family but also society. The elderly have a lot to teach the younger, and being able to pass their experiences they feel very important.

So the elderly should be treated with respect, care and much attention, and that even though it is an elder, but can contribute to the modern world. Older people feel good when they can help other younger or even the same age.

Need for care

As we reflect on the care of an elderly person interned in asylum we note that this process involves issues such as attitude, expressions, patterns and styles that can be performed and perceived by different senses.

The objective of care is to meet the basic needs of human beings. These needs that are common to all seniors being differentiated only by how it manifests and how to satisfy it.¹⁶

In the vast majority of responses are evident the satisfaction of the elderly in relation to the care that is being dispensed to them in the institution, as they carry diseases, being unable to care for himself, requiring specific and multidisciplinary care. As can be demonstrated in the statements that follow.

[...] I lived alone and was not able to care for me when I felt a violent pain looking for the hospital that was near my house, but even that was not good and I have here at the shelter every assistance

The meaning to be old and living in... without leaving here, as well as balanced diet, doctors, nurses and physiotherapists [...] (Interviewee No. 07).

[...] Here at the shelter are people who cares for me, have doctor and medicine on time [...] (Interviewee 10).

[...] My life is good here nothing lacks for us, everything has got remedy, has doctor, I like everyone here [...] (Interviewee 11).

[...] I'm here to get treatment for the legs, I'm not walking here and do physical therapy and get my meds [...] (Interviewee 09).

Regarding shelters, according to the statements of the elderly they receive treatment for diseases and proper nutrition, many are unable to self-care and receive care from staff.

The tasks of caring actions can be understood as referring to assist a physical or mentally disabled elderly in performing instrumental activities of daily living, as well as in related to self-care activities, where these involve changes related to frequency, duration and continuity over time, the degree of difficulty in its implementation. The physical effort and emotional exhaustion required also depends on the origin of the inability of the old skills and knowledge of the caregiver.¹⁵

One must be aware that old age is a stage of life characterized by insecurities, fears and change their basic needs inherent to

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an aging. This requires that we seek to reflect
on the care of the elderly.

The aging process is a natural phase marked by the loss of several physical characteristics, which portrays old age is a stage where he lives with limitations for the day to day. The elderly person starts to experience difficulties in performing simple activities, it demonstrates that humans with age will be stricken limitations with what makes them worthy of attention.¹⁷

In reflecting on the issue of old age, we identified that there are people in many homes today, which must be fed, cleaned and placed in the sanitary vase as children. Can not take care of itself needing help of a third.¹⁴

Thus, health care is important at any stage of life and even in old age, that aging is not synonymous with illness, but because it is at this stage that people are more predisposed to develop certain diseases, especially chronic diseases, such as hypertension and diabetes that are directly related to the institutionalized elderly, as reported in the statements that follow:

[...] Sick of diabetes, these things who loses the leg because carelessness of my, as has to be careful, but had no knowledge of the disease, when I took care of the disease was in the middle of the leg then I had to cut it, they put me in the hospital stayed three days, then brought me to the asylum [...]. (Interviewee 05).

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[...] Never had health, I was born sick already [...].*
(Interviewee 18)

[...] I have high blood pressure, take medicines that the doctor passes, I take three times a day [...]. (Interviewee 02).

[...] I drank two sip coffee and falls, they took me to the hospital. Hospital social worker brought me here, to asylum and here stayed, when I got neither ate nor bathed alone and today with the good treatment that I have here I can already dressed and eat only [...]. (Interviewee 19).

According to the testimony, asylum seekers elderly feel sick, and most of them have some disease such as stroke (CVA) resulting from hypertension, loss of limbs due to diabetes, among others. Also realized that one of the factors for such diseases is the lack of care and lack of knowledge, this was one of the reasons that led to institutionalization.

Given these factors that require specific care, sometimes permanent by a multidisciplinary and specialized staff to handle these clients as mentioned in previous speeches.

The elderly are more socially visible in daily life and public space, particularly as generational response to the dynamics of society, recently identified as "public matter" may be understood as an object of ambiguous protectionist while fearful discourse, institutions and states who assumed

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responsibility for the care of those who attain
the age of 60, requiring special care.¹⁴

It is assumed that with increasing
longevity, there is an increase in chronic
diseases that contribute to the high rate of
people with disability, the emerging need for
the intervention of a caregiver.

Home of nursing home

Care is more than an act, it is an
attitude. So it covers more than a moment of
attention, care and devotion. Represents an
action of occupation, concern, responsibility
and emotional involvement with others.¹⁸

*[...] I like living here , it is a
very welcoming home is the
only way out for those who
have no where to go , for
those who are abandoned. 'm
In this house for 10 years, and
we have friends here, we are
in the same boat together
[...]. (Interviewee 05) .*

*[...] Here is comfortable and
am very proud to live in this
house , do not know what
suffering is , not absolutely
humiliated and mistreated nor
by any employee who works
here, not the direction we are
treated all the same [...] .
(Interviewee 14) .*

*[...] When I came here ,
welcomed me at the beginning
was a bit bad , then improved I
adapted to the environment
and the people under the
leadership and staff gave me*

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such adaptation and when I
step into the street I already
want to go back because I miss
this place and the people who
live and work in it [...] .*

(Interviewee 02) .

*[...] Like to live in this house
, the employees are nice , the
principal is very good people ,
this is very cool I am treated
well and like all [...] .*

(Interviewee 09) .

The care is still one of the most
controversial and rare issues often described in
a clear and practical way, in conceptual,
behavioral, philosophical, ideological and
existential terms.¹⁹

The care is related to a feeling, an
independent called like it or not, is to do
something towards the right, a conscious
behavior, in order to respond to moral
principles and values, so care develops an
attitude of compassion and solidarity, help to
promote the well.

Care as a way of being, pervades all
human existence and has important resonances
in different attitudes. Through it the
dimensions of heaven and earth seek their
balance and existence. Also takes place in the
realm of the living beings, because I need a
lifetime of care otherwise, falls ill and dies.¹⁴

This subcategory brings content from
their comments, it reveals to be welcomed by
the management, professional staff and
inmates themselves of the shelter, assuming
an environment where most of them like to be
inserted.

The statements that older people feel
abandoned and disconnected from the world in

Silva MV, Silva ES, Alencar GCA *et al.* which they lived, and their history, leaving aside their past and indulging in the routine of the institution, with all the stimulus given to and interaction performed by the team of professionals and staff create emotional bonds, and this occurs with the time of institutionalization, which ends up creating a feeling of friendship.

The relationship of the elderly in the institution becomes a family bond, due to the support and protection they receive, both from the employees as colleagues shelter, occurring a substitution of elements such as affection and confidence found through participation of the asylum conviviality.

Care is an expression of our humanity is essential to our development and fulfillment as human beings. So care must be understood in line with the human essence and put it on everything that designs and makes.²⁰

The elderly care takes its place as an indispensable context, so that assistance to the elderly either it professional or other members of the institution are supported on respect, affection and sensitivity, aiming not only to cure diseases, but promote the health of that individual. The care environment is one in which respect, trust, attention, recognition and acceptance of elderly with their limitations and difficulties prevails seeking to offer support and help.

The attention and care to the elderly in institutions is a remarkable tradition. In the reality of aging, this kind of protection fills the gap opened by the inability of the family to meet the needs of their elderly, and find measures and forms of intervention that allow provide care that takes into account their individuality and need.²¹ It is noteworthy that

The meaning to be old and living in... this is not all for the elderly, a portion of the gap is not filled, as there is a lack of family and in the family environment is that the elderly need to be.

Being abandoned by family

The situations that lead to abandonment are caused by fragile condition, often associated with a chronic degenerative disease or a picture of of elderly amenity that passes to need other people. Loss of autonomy, are dependent on the family that most often do not have time to care for their elderly. Thus it becomes a problem for their relatives, thus opting for abandonment and institutionalization. As we see in the following reports. .

[...] I lived with my foster sister, argued with her husband and they put me out of the house, I found myself on the street there and brought me here [...]. (Interviewee 14).

[...] I lived with my family, but I got sick and they threw me out, put me here and I'm already ten that I live in this house and they never came to pick me [...]. (Interview 04).

[...] My son could not take me because of cachaça, I came home drunk every day and put me here to treat me, saying they would pick me up and until today never showed up [...]. (Interview 13).

[...] I have a child, I lived with her, then she fooled me saying

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I was going from a home of a our known. Then she throw me here, I did not see nor when she left. She left me in May last year saying came in June and never even came to visit me [...]. (Interview 03).

The feeling of abandonment in the speeches is persistent. We realized that abandonment is one of the predominant factors to be in the institution. The elderly without family ties, without visits generates the same feeling of pain, sadness and loss of the sense of life. It is evident that the majority of respondents have rare contacts with their families, some do not have family and others complain of the visits were not made by them, so we believe this is the basic factor of abandonment.

Thus, by abandoning the elderly are forced to rebuild their links to find new ways to live their daily lives without no more rely on family support network, and may be forced to learn to live with those totally unknown, after living long journey with those who maintained ties of friendship and consanguinity, leaving behind their lifestyle. It is in this context that the residents of institutions revising their day-to-day work doing all their intellectual abilities, skills and feelings.²⁰

The loneliness of the elderly in modern times is related to changes that occur in the family today due to aging that causes risk of disease, disability, widowhood, isolation, and in some cases even chance of death.⁷ They assert that the family can be considered as a stand in protecting the frail elderly, and the family environment the best space for care.

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This perspective is related, among others, the notion that the family is the primary institution mediating between the individual and his surrounding reality.

The hospitalization in asylum institutions does not preclude the continuity of family relationships, for love and affection of the family are not replaced by specialized assistance for construction or other links in the new living space. As institutionalization process leads to a progressive distancing between the elderly and their families coming to the abandonment of the family, although this may occur from the beginning of the process.¹⁴

With modernization, family and emotional ties are increasingly fragile. The needs of individuals along with their life plans make the focus being directed to personal goals and not to family members.²²

Typical changes of the aging process that occurs over time influence the intensity and quality of family relationships throughout life, these may contribute to decreased bonding, transforming the care in a numerous task, because the attitudes of responsibilities tend to be regarded as mere obligation generating conflicts and institutionalization bringing radical changes in the lives of the elderly, such as isolation and abandonment.

In every stage of life the human being acquires ways to adapt and face the situations. Adapt in face or overcome any obstacle facing new stages, will greatly depend on the personality of each. The elderly while looking in the mirror remember the family, work, health and should certainly not be easy to face the new phase of life that is institutionalization. This negative feeling

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toward their living in the institution is
reported in the following statements:

[...] But the only negative point is that we can not gettin ' out any time you want, it has to obey rules [...]. (Interview 07).

[...] We just locked in here does not have any family visit [...]. (Interview 04).
[...] I do not like living is arrested and locked up, the old man is arrested here [...]. (Interviewee 01).

According to the statements of the elderly is observed that one of the downsides of living in the asylum is because they live prisoners, no social life, which could have if they were living with relatives. For this reason these establishments are the last alternative to be offered to the elderly and the family is the socialization factor and affective bond responsible for the physical and mental balance.

Studies of the nursing home and elderly family reveal that upon the representations extracted there is a consensus that the family takes better care of the elderly, preventing the appearance of illness, and the family only makes use of its institutionalization when does not have a family caregiver or when the elderly this very dependent, and in need of special care.¹³

In this sense the family is fundamental in the process of caring for the elderly, which contributes to the humanization of care and to build a supportive environment for recovery of

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health of the elderly avoiding hospitalization and institutionalization.

CONCLUSION

We concluded that the life of the elderly in asylum institution is satisfactory, most like to live in this environment because they are well looked after by the professional staff and volunteers. Feel welcomed with affection, respect, patience and attention. The absence of family causes loneliness. It is noteworthy that despite the Statute of the elderly, many aspects have been ignored by family members seeking to solve their difficulties in relation to the care of these, in the form of neglect in institutions that sometimes have no job to accommodate the elderly.

Policies relating to the welfare of the elderly often are merely promises. It takes a reorganization of cultural order in our country, because generally old age is still seen as equivalent to a progressive set of losses. Moreover, it is necessary to question the attitude of those on the needs of care to be dispensed to an elderly within the family opt for their admission to nursing homes.

REFERENCES

1. Yamamoto A, Diogo MJD. Os idosos e as instituições asilares do município de Campinas. Rev. Latino-Am. Enfermagem. 2002 Out; 10(5): 660-666.

2.Tier CG, Fontana RT, Soares NV.Refletindo sobre idosos institucionalizados. Revista Brasileira de

Silva MV, Silva ES, Alencar GCA *et al.* Enfermagem. Brasília (DF), 2004 Mai-jun; 57 (3): 15-20.

3. Brasil Ministério da Saúde. Estatuto do idoso. 2 ed. Brasília, 2006.

4. Reis PO, Ceolim MF. O significado atribuído a “ser idoso” por trabalhadores de instituições de longa permanência. Revista da Escola de Enfermagem da USP. São Paulo, 2007 Março; 41 (1):57-64.

5. Davim RMB, Gilson VT, Susana MMD, Vilma ML. Estudos com Idosos de Instituições Asilares no Município de Natal/RN: Características Sócio Econômicas e de Saúde. Revista Latino Americana de enfermagem. Ribeirão Preto, 2004 Mai-Jun; 12(3): 518-524.

6. Leal MCC, Marques APO, Marino JG, Austregésilo SC. Perfil de instituições asilares no Município de Recife (PE), Revista Brasileira de Geriatria e Gerontologia. Rio de Janeiro, 2006 Jan; 9(3): 39-48.

8. Creutzberg M, Gonçalves HT, Sobottka EA. A sobrevivência Econômica de Instituições de Longa Permanência para Idosos Empobrecidos. Revista Latino Americana de Enfermagem. Ribeirão Preto, 2007 Nov-Dez; 15:748-754.

7. Silva CA, Menezes MR, Petersen AC, et al. Relacionamento de amizade na instituição asilar. Revista Gaúcha de Enfermagem. Porto Alegre, Jun 2007; 27(2):274-283.

9. Richardson RJ. Pesquisa social: métodos e técnicas. 3 ed. São Paulo. Atlas, 1999.

10. Leopardi MT. Metodologia da Pesquisa na Saúde 2 ed. Florianópolis: UFSC, 2002.

The meaning to be old and living in...

11. Minayo MCS. O desafio do Conhecimento: pesquisa qualitativa em saúde. 10 ed. São Paulo: Hucitec, 2007.

12. Chizzotti A. Pesquisa em Ciências Humanas e Sociais. 5 ed. São Paulo: Cortez, 2001.

13. Nascimento LC, Moraes ER, Silva JC, Veloso LC, Vale ARMC. Cuidador de idosos: conhecimentos disponível na base de dados LILACS. Revista Brasileira de Enfermagem, Brasília 2008 Jul-Ago; 61(4): 514-517.

14. Almeida FS. Idosos em instituições asilares e suas representações sobre a família. [Dissertação Mestrado em Sociologia]. Goiânia: Universidade Federal do Goiás. Ciências Humanas e Filosofia, 2005.

15. Neri AL, Sommerhalder C. As várias faces do cuidado e do bem estar do cuidador. In: NERI. A. L. Cuidar de idosos no contexto da família: questões psicológicas e sociais. Campinas (SP). Alinea, 2002.

16. Horta WA. Processo de Enfermagem. 0ed. São Paulo (SP) EPU, 2004.

17. Branco RVFC, Carvalho RO, Memoria SVF. Percepção do Idoso sobre o Processo de Envelhecimento em um Programa para terceira Idade na cidade de Teresina-PI. [Trabalho de conclusão de curso graduação em enfermagem]. Teresina: NOVAFAPI, 2007.

18. Boff L. Saber cuidar (ética do humano com paixão pela terra). Vozes. Petrópolis. 8°ed.1999.

19. Bessa MEP, Silva MJ. Motivação para o ingresso dos idosos em instituições e longa permanência e processos adaptativos; um estudo de caso. Revista Texto e Contexto Enfermagem. Florianópolis, 2008; 1 (2): 258-265.

Silva MV, Silva ES, Alencar GCA *et al.*

20. Danilow MZ, Ana CSM, Cecilia GV, *et al.* Perfil epidemiológico, sociodemográfico e psicossocial de idosos institucionalizados do Distrito Federal. Revista Com. Ciências Saúde. Brasília (DF), 2007 Mar-Abr; 18 (1): 9-16.

21. Fragoso V. Humanização dos cuidados a prestar ao idoso institucionalizado. Revista igt na rede. Portugal; 2008: 5 (8).

22. Espetia AZ. Relações afetivas entre idosos institucionalizados e família: encontros e desencontros. Arquivos catarinenses de medicina. Florianópolis (SC); 2006; 3(1):52-59.

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